

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

EMISSION TEST PRODUCTION REPORT FORM

Introduction

The following form has been established in order to determine operating conditions for equipment associated with stack emission tests. This form is to be completed by plant personnel during the stack sampling procedure and should accurately reflect all operations of equipment during each test run. All information supplied will be deemed as being authentic and accurate to operational conditions and will be used for determining compliance status.

The form should be submitted to the appropriate Regional Enforcement Office having jurisdiction, with a copy included in the final test report submitted to the Bureau of Technical Services.

Instructions

The information being requested on the form should be filled out completely. Failure to complete may result in invalidation of the stack test. If a particular section of the form is not applicable, write "NA" in that section. If accessory information is available or required to completely provide the mandated information, this should be attached to the form as an addendum, which should note the section on the form it pertains to. If multiple stacks are being tested, one report form should accompany each.

SECTION I - This information should be supplied as reported in the Preconstruction Permit or Operating Permit, for the equipment being tested.

SECTION II - Self Explanatory

SECTION III - List all conditions that pertain to operation parameters of equipment or control apparatus. State if the required condition is being achieved, if not explain why and when it will be met. If the condition directly relates to operations during the stack test they should be recorded and listed, with time of reading, during each test run (i.e. minimum temperature requirements, CEM readout) in Section III B.

SECTION IV - Supply the information requested for the subsection(s) which apply to the source operation. If conditions vary during each test run and/or from source to source they must be listed separately. Check the appropriate space which relates to the operating production rate during the test.

NOTE: All attempts should be made to operate at the maximum or worst case production rate. Failure to do so may require that additional tests be conducted at this rate when and if it is achievable. If not achievable, condition(s) may be placed on the operating Certificate to restrict production to reflect conditions equivalent to those during the stack test. Subsection IV A should contain a breakdown of raw materials by listing each component individually by chemical name. Include Chemical Abstract System (CAS) # if available. List percent used corresponding to each test run. If Material Safety Data Sheets (MSDS), production strip charts or logs or other information are available which accurately give raw materials, they may be attached as supplemental addendums.

SECTION V - Information in this section should be verified and recorded to establish the operation of the control devices from available direct readouts. These readouts should be recorded every 15 minutes. Copies of dated and signed strip charts may be used as replacement provided they clearly define the required information.

SECTION VI - Samples may be required to be taken and analyzed by the company or representatives of the company. This analysis is required to be conducted by a state certified lab. A duplicate sample may be required by the DEP person observing the test. This sample will be analyzed by the Department for verification of analytical results.

AIR POLLUTION CONTROL REGIONAL OFFICES

<u>CENTRAL REGIONAL OFFICE</u>	<u>METROPOLITAN REGIONAL OFFICE</u>
PO Box 407	2 Babcock Place
Trenton, NJ 08625-0407	West Orange, NJ 07502
(609)584-4100	(973)669-3935
Fax No. (609)584-4119	Fax No. (973)669-3942
ENFORCEMENT OFFICER	ENFORCEMENT OFFICER
<i>Joseph DePierro</i>	<i>Byron Sullivan</i>
COUNTIES: Mercer	COUNTIES: Bergen
Middlesex	Essex
Monmouth	Hudson
Ocean	
Union	
<u>NORTHERN REGIONAL OFFICE</u>	<u>SOUTHERN REGIONAL OFFICE</u>
1250 Route 66	One Port Center
Parsippany-Troy Hills, NJ 07054	2 Riverside Drive
(973)299-7700	Camden, NJ 08162
Fax No. (973)299-7712	(856)614-3601
	Fax No. (856)614-3613
ENFORCEMENT OFFICER	ENFORCEMENT OFFICER
<i>Michael Papp</i>	<i>Edward Choromanski</i>
COUNTIES: Hunterdon	COUNTIES: Atlantic
Morris	Burlington
Passaic	Camden
Somerset	Cape May
Sussex	Cumberland
Warren	Gloucester
	Salem

EMISSION TEST PRODUCTION
REPORT FORM

I. Company Name _____ APC Plant ID # _____

Plant Location _____

Certificate Number _____

Designation of Equipment _____

II. Emission Test Date(s) _____

Tests Conducted By:

Name of Firm _____

Business Address _____

Phone Number _____

Test Team Representatives _____

Test Time (Start/Finish)

Run #1

/

Run #2

/

Run #3

/

III. Permit Operating Conditions

A. List Conditions

Achieved (Yes or No)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Log of Permit conditions during Stack Test
(Record at least every 15 minutes)

CONDITION	RUN #	READOUT	TIME OF RECORDING

IV. Equipment Operation/Process Parameters

Number of Sources Connected _____

Number of Sources Operating _____

Production Rate: Normal _____

Maximum _____

A. Raw Materials:

	RUN #1	RUN #2	RUN #3
USAGE RATE			
lbs/hr			
BREAKDOWN			
(% by weight)			

B. Surface Coating:

Material Being Coated _____

Type of Coating _____

Coating Rate (gals/hr) _____

Is Coating Altered (Yes or No) _____

With _____

Distance From Coating Head to Exhaust Duct _____

C. Fuel Burning / Incineration:

Type of Fuel _____

Fuel Burning Rate _____ (lbs/hr), (gals/hr), (ft³/hr)

Fuel Additives _____ % _____

Meter Reading (if available)	Time

Type of Waste Constituents _____

Auxiliary Fuel _____

Burning Rate _____

D. Other:

Description of Operation and Process Rate

V. Control Equipment Parameters

CEMS Required (Yes/No) _____

Contaminant? _____

STACK TEST CEMS READING

Parameter Cont/Read	Parameter Cont/Read	Parameter Cont/Read	Time	Test Run #

A. Control Equipment Performance Parameter

Parameter	Reading	Time	Run #

B. Additional Observations

Fugitive Emissions (Yes/No) _____

Equipment Location _____

Visible Emission From Stack (Yes/No) _____

Odors Noticeable (Yes/No) _____

Vicinity of Equipment (Yes/No) _____

Near Exhaust Stack (Yes/No) _____

Off Property (Yes/No) _____

VI. Samples

Type of Sample _____

Time of Sampling _____

Sample By _____

Sample Taken From _____

To Be Analyzed For _____

Analyzed By _____

Form Information Supplied By: Name/Title (Please Print)

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature(s)/Date _____

DEP Usage Only

Rec'd By

**Sample Rec'd
Date/Time**

Rev'd By